PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885



INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence inclu ed below or directed	d for tran iding the I otherwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLICA rders and notification of a) specifying a new cor	TIO f ma resp	ON FEE (if requirements on the second of the second on the second on the second of the	red). E ill be i and/or	Blocks 1 through 5 sh mailed to the current (b) indicating a separ	could be completed to correspondence address rate "FEE ADDRESS	where ess as 3" for
CURRENT CORRESPOND	_ F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.								
JoAnn Villami Ciba Corporation 540 White Plains P.O. Box 2005		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the University States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stop ISSUE FEE address above, or being facsime transmitted to the USPTO (571) 273-2885, on the date indicated below.								
7				Apma R. Maddalena			lena	(Depositor's name)		
•			MADIN	-	<u> 1</u> 5	scrak-		adda (1)		ature)
		i.			Áu	<u>gust 27.</u>	20	08		(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		'	FIRST NAMED INVENTO	RST NAMED INVENTOR			RNEY DOCKET NO.	CONFIRMATION NO).
10/576,784	10/576,784 04/21/2006			Paul Adriaan Van Der Schaaf LS/95-22963/A/PCT 5879						
		ORM OF F 105767		ODIUM			<i>i</i>			
FCABPON. TYPE	2.05MBALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DU	E I	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1440	\$300		. \$0		\$1740	09/04/2008	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
SHIAO, RI	EI TSANG		1626	514-415000						
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNATION Ciba Reel:	ess an assignee is id h in 37 CFR 3.11. Co GNEE Specialty 018278 I	entified be ompletion of Chemi Frame	low, no assignee of this form is NO icals Co:	THE PATENT (print or data will appear on the T a substitute for filing a (B) RESIDENCE: (CI'rp. Tarryt Recorded: S rinted on the patent):	pate an as TY a	ent. If an assignersignment. and STATE OR Comment, NY tember 6	OUNT , 2	RY)	· _	
				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number03-1935 (enclose an extra copy of this form).						
. Change in Entity Stat	•			☐ b. Applicant is no le	onge	er claiming SMAL	L ENT	FITY status. See 37 CF	R 1.27(g)(2).	
	d Publication Fee (if	eguired) w	vill not be accepted	d from anyone other that	_					rty in
Authorized Signature	Myte				•	Date_Augu	st	27, 2008		
Typed or printed name	·				_	Registration N				
his collection of inform n application. Confident ubmitting the completed his form and/or suggestions.	ation is required by 3 tiality is governed by I application form to	7 CFR 1.31 35 U.S.C. the USPTO	11. The information 122 and 37 CFR D. Time will vary ould be sent to the	on is required to obtain on 1.14. This collection is depending upon the interpretation Off	or ret estin divid	ain a benefit by the nated to take 12 m lual case. Any con	ne publ ninutes mment Frader	ic which is to file (and to complete, including s on the amount of tin	by the USPTO to prog g gathering, preparing ne you require to com- rement of Commerce	cess) , and iplete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further andicated unless correcte maintenance fee notificat	a below or directed ot	for transmitting the ISSI ng the Patent, advance o herwise in Block 1, by (a	JE FEE and PUBLICAT rders and notification of r a) specifying a new corres	ION FEE (if requ maintenance fees v spondence address	ired). Block vill be maile ; and/or (b)	s I through 5 sled to the current indicating a sepa	hould be completed when correspondence address a trate "FEE ADDRESS" fo			
		lock 1 for any change of address)	Fee	(s) Transmittal. Th	is certificate Il paper, sucl	cannot be used for as an assignment	r domestic mailings of the or any other accompanying nt or formal drawing, mus			
540 White Plains	car /Patent Departmer	at AUG 29 2	OP \ Stat	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.						
P.O. Box 2005 Tarrytown, NY 1	0591	/P.	A	ddale	ddalena (Depositor's					
Tallylowii, IVI	0391	E THADE	Michiel /	MICAK	·) (a.	ddale	XA (Signature)			
			Á	ugust 27	2008		(Date)			
APPLICATION NO.	APPLICATION NO. FILING DATE				ATTORNEY	DOCKET NO.	CONFIRMATION NO.			
10/576,784				Paul Adriaan Van Der Schaaf LS/95-22963/A/PCT						
•		- M OF FLUVASTATIN S					5879			
•										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1440	· \$300	\$0		\$1740	09/04/2008			
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	֓֞֝֝ [֡]						
SHIAO, REI TSANG 1626			514-415000	J						
. Change of corresponde CFR 1.363).	nce address or indicatio	on of "Fee Address" (37	2. For printing on the p	atent front page, lis	st					
Change of correspo	ndence address (or Cha		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
Number is required.				•		···-				
PLEASE NOTE: Unle	ss an assignee is ident	ified below, no assignee	THE PATENT (print or type data will appear on the pa T a substitute for filing an	atent. If an assign	ee is identifi	ed below, the do	ocument has been filed for			
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY		COUNTRY)		•			
• •		Chemicals Con	rp. Tarryto	wn, NY						
Reel:	018278 Fr	ame: 0853 I	Recorded: Se	ptember 6			_			
lease check the appropria	nte assignee category or	categories (will not be pr	inted on the patent):	Individual Co	orporation or	other private gro	up entity Government			
a. The following fee(s) a	re submitted:	46	o. Payment of Fee(s): (Plea	se first reapply ar	y previousl	y paid issue fee s	shown above)			
Issue Fee			A check is enclosed.							
Publication Fee (No		☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _03-1935(enclose an extra copy of this form).								
Advance Order - #	of Copies 4		overpayment, to Depos	sit Account Number	7 03-1	935 (enclose ar	extra copy of this form).			
. Change in Entity State							TD 1.27(\/2\			
a. Applicant claims			b. Applicant is no long				e assignee or other party in			
nterest as shown by the re	cords of the United Sta	tes Patent and Trademark	Office.			.,				
Authorized Signature _	Myth			Date Auge						
Typed or printed name	Tyler A. S			Registration N			1 1 10000			
his collection of informa n application. Confidenti	tion is required by 37 C ality is governed by 35	U.S.C. 122 and 37 CFR	n is required to obtain or re 1.14. This collection is esti	etain a benefit by the mated to take 12 r	ne public wh ninutes to co	ich is to file (and mplete, including	by the USPTO to process) g gathering, preparing, and			

an application completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.